

OASIS Automation Office, Arizona Department of Health Services
Office number: 602-364-3115 Fax number: 602-364-4806

AZ STATE OASIS SYSTEM PASSWORD CHANGE REQUEST FORM

This is a request to change your LTC facility Arizona State OASIS System Password. Upon receipt of this form, an Arizona OASIS Automation Office representative will contact the facility to confirm this request. After confirmation, your Arizona OASIS System Password will be deactivated and a new one assigned. NOTE: Please keep copies of this form for future use.

**** PLEASE PRINT ****

Facility Name _____

Address _____

City/St/Zip _____

Phone _____ Fax _____

Agency OASIS Coordinator _____

REASON FOR REQUEST FOR CHANGE IN AZ STATE PASSWORD (check all that apply)

☐ **Change in responsible OASIS Transmission Person:**

☐ **Other Responsible person no longer works at the facility:**

New Persons Name, Title _____

☐ **Change of Agency Ownership:**

New Ownership Name _____

☐ **Change of Agency Name:**

New Facility Name _____

☐ **Change of OASIS Software Vendor:**

New Vendor Name _____

☐ **Other Reason for Request for Change (Specify):** _____

Authorized Facility Staff Person Requesting the OASIS System Password Change:

Signature _____

Title _____